

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		3126501.95
(b) Cash on Hand at Beginning of Reporting Period.....	2754402.31	
(c) Total Receipts (from Line 19)	143000.01	833175.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2897402.32	3959677.90
7. Total Disbursements (from Line 31).....	295357.06	1357632.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2602045.26	2602045.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	104729.88	311073.64
(ii) Unitemized	38035.91	90305.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	142765.79	401379.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	142765.79	406379.63
12. Transfers From Affiliated/Other Party Committees.....	0.00	425500.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	234.22	1296.32
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	143000.01	833175.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	143000.01	833175.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	310.32	2428.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	310.32	2428.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	83300.00	432300.00
24. Independent Expenditures (use Schedule E)	211746.74	921904.31
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	295357.06	1357632.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	295357.06	1357632.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	142765.79	406379.63
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	142765.79	405379.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	310.32	2428.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	310.32	2428.33

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Gregory Bazylewicz

Mailing Address 3 37th Street

City State Zip Code
Newbury MA 01951-1401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lahey Health Chief Network Development Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : 21753976

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
B. Ms. Kate Walsh

Mailing Address One Boston Medical Ctr Place

City State Zip Code
Boston MA 02118-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Boston Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : 21753978

Amount of Each Receipt this Period
800.00

Full Name (Last, First, Middle Initial)
C. Mr. Philip M Cormier

Mailing Address 736 Cambridge Street

City State Zip Code
Brighton MA 02135-2907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Elizabeth's Medical Center Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : 21753980

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1437.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 111
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Timothy P. O'Connor
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Mall Road
 City Burlington State MA Zip Code 01805-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Hospital & Medical Center, Burli Occupation Executive Vice President and Chief Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : 21753985
 Amount of Each Receipt this Period
 262.50

B. Ms. Kathy Schuler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Alpine Circle
 City Wakefield State MA Zip Code 01880-1544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Hospital Occupation Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : 21753986
 Amount of Each Receipt this Period
 262.50

C. Mr. Kerry Watson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3643 North Roxboro Road
 City Durham State NC Zip Code 27704-2702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Newton-Wellesley Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : 21753987
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1275.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Christine C Schuster RN, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Old Road to Nine Acre Corner
 City State Zip Code
 Concord MA 01742-9120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emerson Hospital President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : 21753989
 Amount of Each Receipt this Period
 562.50

B. Mr Edward Lamb
 Full Name (Last, First, Middle Initial)
 Mailing Address 10547 Wasatch Blvd
 City State Zip Code
 Sandy UT 84092-4552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 IASIS Healthcare Western Division President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : 21755138
 Amount of Each Receipt this Period
 500.00

c. Ms. Gail Lovinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 2225 Simpson
 City State Zip Code
 Evanston IL 60201-3006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Vice President Association Governance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : 21755140
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1412.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Shannon D. Coker
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1909
 116 Woodgreen Crossing
 City Madison State MS Zip Code 39130-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mississippi Hospital Association Occupation Director of Advocacy & Communication
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **410.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2014
Transaction ID : 21755141
 Amount of Each Receipt this Period
350.00

B. Mr. James A Hartley
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 13727
 City Roanoke State VA Zip Code 24036-3727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carilion Clinic Occupation Board Chair
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : 21755142
 Amount of Each Receipt this Period
1000.00

C. Mr. Daniel R Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 North Main Street
 City Watford City State ND Zip Code 58854-7310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McKenzie County Healthcare System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **660.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : 21755143
 Amount of Each Receipt this Period
660.00

SUBTOTAL of Receipts This Page (optional).....	2010.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Lee T Myles
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 291

City Lewiston State ME Zip Code 04243-0291

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Mary's Regional Medical Center Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 07 / 2014
Transaction ID : 21755144

Amount of Each Receipt this Period 350.00

B. Mr. Stephen M. Ahnen
Full Name (Last, First, Middle Initial)

Mailing Address 125 Airport Road

City Concord State NH Zip Code 03301-7300

FEC ID number of contributing federal political committee. **C**

Name of Employer New Hampshire Hospital Association Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 409.50

Date of Receipt 05 / 07 / 2014
Transaction ID : 21755146

Amount of Each Receipt this Period 45.50

C. Mr. Michael E Henze
Full Name (Last, First, Middle Initial)

Mailing Address 1548 Mockingbird Lane

City Osage Beach State MO Zip Code 65065-2416

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Regional Health System Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 05 / 02 / 2014
Transaction ID : 21755148

Amount of Each Receipt this Period 650.00

SUBTOTAL of Receipts This Page (optional).....▶ 1045.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Herb B. Kuhn
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 Saddlebrooke Lane
 City Lohman State MO Zip Code 65053-9353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation President and CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : 21755967
 Amount of Each Receipt this Period
 125.00

B. Mr. Daniel R. Landon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1811 Forest Park Court
 City Jefferson City State MO Zip Code 65109-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation Sr. Vice President, Governmental Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : 21755968
 Amount of Each Receipt this Period
 125.00

C. Mr. Michael Maron
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 Grove Street
 City Oradell State NJ Zip Code 07649-2229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holy Name Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : 21755988
 Amount of Each Receipt this Period
 1300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Donna M. Vaglio

Mailing Address 700 10th Street
Apt 7

City State Zip Code
Secaucus NJ 07094-2920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Holy Name Medical Center Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014
Transaction ID : 21755989

Amount of Each Receipt this Period
1300.00

Full Name (Last, First, Middle Initial)
B. Mr. James P Evans ESQ

Mailing Address 2273 Cairnwell Drive

City State Zip Code
Belvidere IL 61008-7404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Memorial Hospital Vice President Legal Affairs and Gener

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014
Transaction ID : 21756113

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Anthony Filer

Mailing Address 19065 Hickory Creek Drive, Suite 3

City State Zip Code
Mokena IL 60448-8599

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Presence Health Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014
Transaction ID : 21756114

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Maureen A Kahn RN

Mailing Address **PO BOX 7005**

City **Quincy** State **IL** Zip Code **62305-7005**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Blessing Hospital** Occupation **President and Chief Executive Officer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : 21756115

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Michele Lippert RN, MS

Mailing Address **1754 Rowntree Ln**

City **Rockford** State **IL** Zip Code **61107-2759**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Rockford Health Physicians** Occupation **Chief Operating Officer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : 21756116

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Harry Wolin

Mailing Address **P O Box 530**

City **Havana** State **IL** Zip Code **62644-0530**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Mason District Hospital** Occupation **Administrator and Chief Executive Offi**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : 21756119

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1250.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Ramanathan Raju MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Worth Street, Room 514
 City State Zip Code
 New York NY 10013-4006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York City Health and Hospitals Cor President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : 21756120
 Amount of Each Receipt this Period
 500.00

B. Dr. Craig Concannon
 Full Name (Last, First, Middle Initial)
 Mailing Address 921 N. Mill
 City State Zip Code
 Beloit KS 67420-1751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kansas Hospital Association Board Member
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : 21758888
 Amount of Each Receipt this Period
 250.00

C. Mr. Steven G Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 325
 City State Zip Code
 Newton KS 67114-0325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Newton Medical Center President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : 21758895
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. J Patrick Dyson
Full Name (Last, First, Middle Initial)

Mailing Address 1521 Gull Road

City Kalamazoo State MI Zip Code 49048-1640

FEC ID number of contributing federal political committee. **C**

Name of Employer Borgess Medical Center Occupation Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
05 / 01 / 2014
Transaction ID : 21761448

Amount of Each Receipt this Period
350.00

B. Mr. James B Falahee Jr
Full Name (Last, First, Middle Initial)

Mailing Address 7463 Cottage Oak Drive

City Portage State MI Zip Code 49024-2352

FEC ID number of contributing federal political committee. **C**

Name of Employer Bronson Healthcare Group, Inc. Occupation Senior Vice President Legal and Legislat

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
05 / 01 / 2014
Transaction ID : 21761450

Amount of Each Receipt this Period
262.50

C. Ms. Barbara Hertzler
Full Name (Last, First, Middle Initial)

Mailing Address 44405 Woodward Avenue

City Pontiac State MI Zip Code 48341-5023

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph Mercy Oakland Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
05 / 01 / 2014
Transaction ID : 21761666

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Connie Agenbroad
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 North 14th Street
 City Othello State WA Zip Code 99344-1254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Othello Community Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : 21764532
 Amount of Each Receipt this Period
 375.00

B. Mr. Gary K Kajiwar
 Full Name (Last, First, Middle Initial)
 Mailing Address 347 North Kuakini Street
 City Honolulu State HI Zip Code 96817-2382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kuakini Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : 21764535
 Amount of Each Receipt this Period
 500.00

C. Mr. Eric Boley
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 390
 City Kemmerer State WY Zip Code 83101-0390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Lincoln Medical Center Occupation Administrator and Chief Executive Offi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : 21764607
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Mark J Neff FACHE		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Transaction ID : 21764637
Mailing Address 222 Medical Circle		Amount of Each Receipt this Period 500.00
City Morehead	State KY	Zip Code 40351-1179
FEC ID number of contributing federal political committee. C	Name of Employer St. Claire Regional Medical Center	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Steven Grinnell		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Transaction ID : 21764638
Mailing Address 3941 Alameda Cres		Amount of Each Receipt this Period 500.00
City Paducah	State KY	Zip Code 42001-6511
FEC ID number of contributing federal political committee. C	Name of Employer Lourdes Hospital	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. John D Harryman		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Transaction ID : 21764639
Mailing Address 4001 Dutchmans Lane		Amount of Each Receipt this Period 500.00
City Louisville	State KY	Zip Code 40207-4799
FEC ID number of contributing federal political committee. C	Name of Employer Norton Brownsboro Hospital	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Barbara Reynolds

Mailing Address One St Joseph Drive

City Lexington State KY Zip Code 40504-3742

FEC ID number of contributing federal political committee. **C**

Name of Employer Saint Joseph Hospital Occupation Vice President/ Medical Affairs & Qual

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : 21764640

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Ms. Nancy Howell Agee

Mailing Address P O Box 13727

City Roanoke State VA Zip Code 24036-3727

FEC ID number of contributing federal political committee. **C**

Name of Employer Carilion Clinic Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : 21765830

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
c. Mr. Christopher S. Bailey

Mailing Address 2814 Northlake Drive

City Richmond State VA Zip Code 23233-3320

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Hospital & Healthcare Associa Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : 21765831

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ► **1200.00**

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Christopher Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 West Ave
 City Richmond State VA Zip Code 23220-3721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Hospital & Healthcare Associa Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 05 / 09 / 2014
Transaction ID : 21765832
 Amount of Each Receipt this Period
 350.00

B. Mr. James E Haden
 Full Name (Last, First, Middle Initial)
 Mailing Address 459 Locust Avenue
 City Charlottesville State VA Zip Code 22902-4808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martha Jefferson Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 05 / 09 / 2014
Transaction ID : 21765833
 Amount of Each Receipt this Period
 350.00

C. Mr. Mark H Merrill
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Campus Boulevard, Suite 310
 City Winchester State VA Zip Code 22601-2889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Medical Center Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 05 / 09 / 2014
Transaction ID : 21765835
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Ray Mishler

Mailing Address 100 Boulder Sprint Ct.

City State Zip Code
Charlottesville VA 22902-8790

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Martha Jefferson Hospital Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 / /
 05 / 09 / 2014
Transaction ID : 21765836

Amount of Each Receipt this Period

 350.00

Full Name (Last, First, Middle Initial)
B. Mr. Patrick B Nolan

Mailing Address 1000 North Shenandoah Avenue

City State Zip Code
Front Royal VA 22630-3547

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Warren Memorial Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 / /
 05 / 09 / 2014
Transaction ID : 21765841

Amount of Each Receipt this Period

 350.00

Full Name (Last, First, Middle Initial)
C. Mr. Fred M Rankin III

Mailing Address 4 Derby Drive

City State Zip Code
Fredericksburg VA 22405-3315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mary Washington Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 / /
 05 / 09 / 2014
Transaction ID : 21765842

Amount of Each Receipt this Period

 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. R. Brent Rawlings
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 31394

City Richmond	State VA	Zip Code 23294-1394
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Hospital & Healthcare Associa	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : 21765843

Amount of Each Receipt this Period
 350.00

B. Mr. Laurens Sartoris
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 31394

City Richmond	State VA	Zip Code 23294-1394
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Hospital & Healthcare Associa	Occupation President
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : 21765845

Amount of Each Receipt this Period
 350.00

C. Mr. J Kirk Norris
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 East Grand Avenue, Suite 100

City Des Moines	State IA	Zip Code 50309-1800
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Hospital Association	Occupation President
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : 21768742

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Steven J Simonin

Mailing Address 1316 South Main Street

City State Zip Code
Clarion IA 50525-2019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Iowa Specialty Hospital-Clarion Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : 21768749

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Monte Neitzel

Mailing Address 1700 West Townline

City State Zip Code
Creston IA 50801-1054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Greater Regional Medical Center Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : 21768750

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. James K Elrod FACHE

Mailing Address 2600 Greenwood Road

City State Zip Code
Shreveport LA 71130-2600

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Willis-Knighton Health System President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : 21768751

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Warner L Thomas FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 1514 Jefferson Highway

City State Zip Code
New Orleans LA 70121-2429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ochsner Health System President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
05 / 12 / 2014
Transaction ID : 21768752

Amount of Each Receipt this Period
1250.00

B. Ms. Evalyn Ormond
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 398

City State Zip Code
Farmerville LA 71241-0398

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Union General Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
05 / 12 / 2014
Transaction ID : 21768753

Amount of Each Receipt this Period
275.00

C. Mr. William Adcock
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 398

City State Zip Code
Farmerville LA 71241-0398

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Union General Hospital Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
05 / 12 / 2014
Transaction ID : 21768754

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Kathleen Derouen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1701 Oak Park Boulevard
 City Lake Charles State LA Zip Code 70601-8911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Charles Memorial Hospital Occupation Senior Vice President Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : 21768755
 Amount of Each Receipt this Period
 250.00

B. Ms. Rebecca Bradley
 Full Name (Last, First, Middle Initial)
 Mailing Address 9521 Brookline Avenue
 City Baton Rouge State LA Zip Code 70809-1431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louisiana Hospital Association Occupation Project Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : 21768756
 Amount of Each Receipt this Period
 250.00

C. Mr. John Paul Fuenes
 Full Name (Last, First, Middle Initial)
 Mailing Address 5000 Hennessy Boulevard
 City Baton Rouge State LA Zip Code 70808-4375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Our Lady of the Lake Regional Medical Foundation Occupation Foundation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014
Transaction ID : 21768757
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Bill Davis
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Gause Boulevard

City Slidell State LA Zip Code 70458-2939

FEC ID number of contributing federal political committee. **C**

Name of Employer Slidell Memorial Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : 21768758

Amount of Each Receipt this Period
 250.00

B. Ms. Donna Shields
Full Name (Last, First, Middle Initial)

Mailing Address 1701 Oak Park Boulevard

City Lake Charles State LA Zip Code 70601-8911

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Charles Memorial Hospital Occupation VP Patient Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : 21768759

Amount of Each Receipt this Period
 225.00

C. Mr. Charles T. Adams
Full Name (Last, First, Middle Initial)

Mailing Address 1675 Terrell Mill Road

City Marietta State GA Zip Code 30067-8339

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association Occupation Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : 21770062

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1475.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Anna M Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Abbotts Glen Drive
 City State Zip Code
 Acworth GA 30101-3417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association Government Relations Coordinator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1032.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770063
 Amount of Each Receipt this Period
 1032.00

B. Ms. Ginger E. Anspaugh FHFMA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4002 Sunhill Court
 City State Zip Code
 Woodstock GA 30189-2561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association Senior Vice President & CFO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770064
 Amount of Each Receipt this Period
 1000.00

C. Mr. Donald R Avery FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1408
 City State Zip Code
 Dublin GA 31040-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fairview Park Hospital President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770065
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2282.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Leigh Beakley		Date of Receipt MM / DD / YYYY 05 / 19 / 2014 Transaction ID : 21770066
Mailing Address 3397 Triview Square		Amount of Each Receipt this Period 350.00
City Atlanta	State GA	Zip Code 30339-4920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Georgia Hospital Association	Occupation Assistant Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Mr. Kevin Bloye		Date of Receipt MM / DD / YYYY 05 / 19 / 2014 Transaction ID : 21770068
Mailing Address 2813 Bakers Bridge Drive		Amount of Each Receipt this Period 1008.00
City Douglasville	State GA	Zip Code 30134
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1008.00
Name of Employer Georgia Hospital Association	Occupation Vice President of Public Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	

Full Name (Last, First, Middle Initial) C. Mr. Robert E. Bolden		Date of Receipt MM / DD / YYYY 05 / 19 / 2014 Transaction ID : 21770069
Mailing Address 3300 Windy Ridge Pkwy Unit 1408		Amount of Each Receipt this Period 1000.00
City Atlanta	State GA	Zip Code 30339-8520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Georgia Hospital Association	Occupation Director of Fiscal Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2358.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Cheryl L. Brimer
 Full Name (Last, First, Middle Initial)
 Mailing Address 242 Hunting Creek Drive
 City Marietta State GA Zip Code 30068-3418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Hospital Association Occupation Director of Conv. & Personal Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770071
 Amount of Each Receipt this Period
 350.00

B. Ms. Keri Conley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Terrell Mill Road
 City Marietta State GA Zip Code 30067-8339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Hospital Association Occupation Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770073
 Amount of Each Receipt this Period
 1000.00

C. Ms. Margaret W. Dahl
 Full Name (Last, First, Middle Initial)
 Mailing Address 1170 Latham Drive
 City Watkinsville State GA Zip Code 30677-6023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Athens Regional Medical Center Occupation Trustee
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770074
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Adrienne Feinberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Terrell Mill Road
 City Marietta State GA Zip Code 30067-8339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Hospital Association Occupation Director, Emergency Preparedness
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770077
 Amount of Each Receipt this Period
 504.00

B. Ms. Meg Gilley Fischer MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Terrell Mill Road
 City Marietta State GA Zip Code 30067-8339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Hospital Association Occupation Director of Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770078
 Amount of Each Receipt this Period
 840.00

C. Ms. Stephanie Fletcher
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Hospital Road
 City Blairsville State GA Zip Code 30512-3139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Union General Hospital Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770079
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1844.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Denise Flook
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Jewelers Ridge
 City State Zip Code
 Lilburn GA 30047-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association Vice President Infection Prevention
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770080
 Amount of Each Receipt this Period
 225.00

B. Ms. Lynn Hale
 Full Name (Last, First, Middle Initial)
 Mailing Address 2016 Arbor Forest Drive
 City State Zip Code
 Marietta GA 30064-8378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association Assistant to the President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770083
 Amount of Each Receipt this Period
 1008.00

C. Ms. Martha Harrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Springs Drive
 City State Zip Code
 Roswell GA 30075-4825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association VP Educational Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770085
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2233.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Ethan James
Full Name (Last, First, Middle Initial)

Mailing Address 1838 Ravenwood Way

City Atlanta State GA Zip Code 30329-2723

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association Occupation Vice President of Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 05 / 19 / 2014
Transaction ID : 21770086

Amount of Each Receipt this Period 2300.00

B. Mr. Lamar Lyle
Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 44

City Dalton State GA Zip Code 30722-0044

FEC ID number of contributing federal political committee. **C**

Name of Employer Hamilton Medical Center Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 19 / 2014
Transaction ID : 21770087

Amount of Each Receipt this Period 750.00

c. Ms. Kathryn McGowan
Full Name (Last, First, Middle Initial)

Mailing Address 4546 Windsor Oaks Ct.

City Marietta State GA Zip Code 30066-2241

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association Occupation Vice President Quality & Patient Safet

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 19 / 2014
Transaction ID : 21770088

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4050.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. William T Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 3014 Castle Pines Drive
 City State Zip Code
 Johns Creek GA 30097-2039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Atlanta Medical Center Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770090
 Amount of Each Receipt this Period
 250.00

B. Mr. Glenn Pearson
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Crossfire Ridge
 City State Zip Code
 Marietta GA 30064-1393
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association Executive Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770092
 Amount of Each Receipt this Period
 1200.00

C. Mr. Earl Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1155 Clarendon Drive
 City State Zip Code
 Marietta GA 30068-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Georgia Hospital Association Senior VP, Government Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21770094
 Amount of Each Receipt this Period
 1200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2650.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Leslie Sainovich		Date of Receipt MM / DD / YYYY 05 / 19 / 2014 Transaction ID : 21770096
Mailing Address 1675 Terrell Mill Road		Amount of Each Receipt this Period 204.70
City Marietta	State GA	Zip Code 30067-8339
FEC ID number of contributing federal political committee. C	Name of Employer Georgia Hospital Association	Occupation Senior Programmer, Analytical Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.70	

Full Name (Last, First, Middle Initial) B. Ms. Temple Sellers		Date of Receipt MM / DD / YYYY 05 / 19 / 2014 Transaction ID : 21770098
Mailing Address 2684 Canna Ridge Circle		Amount of Each Receipt this Period 2000.00
City Atlanta	State GA	Zip Code 30345-1410
FEC ID number of contributing federal political committee. C	Name of Employer Georgia Hospital Association	Occupation Vice President, Legal Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Ms. Carie Summers		Date of Receipt MM / DD / YYYY 05 / 19 / 2014 Transaction ID : 21770102
Mailing Address 1675 Terrell Mill Road		Amount of Each Receipt this Period 1000.00
City Marietta	State GA	Zip Code 30067-8339
FEC ID number of contributing federal political committee. C	Name of Employer Georgia Hospital Association	Occupation Vice President, Financial Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3204.70
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Karen Waters		Date of Receipt
Mailing Address 3675 Lassiter Road		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Marietta	GA	30062-4119
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 21770104
Name of Employer	Occupation	Amount of Each Receipt this Period
Georgia Hospital Association	Vice President, Professional Services	<input type="text" value="1200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Kristen D. W. Morris		Date of Receipt
Mailing Address 33700 Woodleigh Rd		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pepper Pike	OH	44124-5259
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 21770854
Name of Employer	Occupation	Amount of Each Receipt this Period
Cleveland Clinic Health System	Chief Government and Community Relatio	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Daniel L Wakeman		Date of Receipt
Mailing Address 5901 Monclova Road		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Maumee	OH	43537-1841
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 21770911
Name of Employer	Occupation	Amount of Each Receipt this Period
ProMedica St. Luke's Hospital	President	<input type="text" value="750.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Raymond M Chorey
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 610
 City State Zip Code
 Cambridge OH 43725-0610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southeastern Ohio Regional Medical Cen President and Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : 21770912
 Amount of Each Receipt this Period
 250.00

B. Mr. Michael Szubski
 Full Name (Last, First, Middle Initial)
 Mailing Address 2375 Springside Oval
 City State Zip Code
 Brecksville OH 44141-3358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Hospitals Chief Financial Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : 21770913
 Amount of Each Receipt this Period
 1250.00

C. Dr Shankar Kurra
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 S. Drexel Ave
 City State Zip Code
 Columbus OH 43209-1753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fisher-Titus Medical Center Senior VPMA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : 21770915
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Delos Cosgrove MD			Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Transaction ID : 21770926
Mailing Address 9500 Euclid			Amount of Each Receipt this Period 1250.00
City Cleveland	State OH	Zip Code 44195-0001	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1250.00
Name of Employer Cleveland Clinic		Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Fred M DeGrandis			Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Transaction ID : 21770927
Mailing Address 18101 Lorain Avenue			Amount of Each Receipt this Period 750.00
City Cleveland	State OH	Zip Code 44111-5612	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 750.00
Name of Employer Cleveland Clinic Health Network		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) c. Dr. Robert S. Juhasz DO			Date of Receipt MM / DD / YYYY 05 / 14 / 2014 Transaction ID : 21770928
Mailing Address 7090 Pinehill Rd			Amount of Each Receipt this Period 250.00
City Concord Twp	State OH	Zip Code 44077-9720	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer South Pointe Hospital		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Neil Smith DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 19000 Schlather Ln
 City Rocky River State OH Zip Code 44116-2859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairview Hospital Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : 21770929
 Amount of Each Receipt this Period
 250.00

B. Ms. Mary L. Gallagher
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 East Broad Street, 15th Floor
 City Columbus State OH Zip Code 43215-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Hospital Association Occupation Vice President & General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : 21770937
 Amount of Each Receipt this Period
 1000.00

C. Mr. Greg Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 6131 Willow Lake Drive
 City Hudson State OH Zip Code 44236-3953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Health Occupation Executive Director, Lake Health Founda
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : 21770959
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. David Bronson MD
Full Name (Last, First, Middle Initial)
Mailing Address 70 Old Plank Ln

City Moreland Hills	State OH	Zip Code 44022-2402
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Cleveland Clinic Health System	Occupation President, Cleveland Clinic Regional H
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Transaction ID : 21770960

Amount of Each Receipt this Period
500.00

B. Dr. Brian Donley MD
Full Name (Last, First, Middle Initial)
Mailing Address 449 N. Main St

City Chagrin Falls	State OH	Zip Code 44022-2519
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Cleveland Clinic	Occupation President, Community Hospitals
--------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Transaction ID : 21770961

Amount of Each Receipt this Period
500.00

C. Mr. Steven Glass
Full Name (Last, First, Middle Initial)
Mailing Address 9500 Euclid

City Cleveland	State OH	Zip Code 44195-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cleveland Clinic Health System	Occupation Chief Financial Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Transaction ID : 21770970

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Katherine Hancock RN, BSN, N
 Full Name (Last, First, Middle Initial)
 Mailing Address 9500 Euclid Ave - NA4
 City Cleveland State OH Zip Code 44195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Occupation Executive Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : 21770971
 Amount of Each Receipt this Period
 250.00

B. Mr. Michael P Harrington
 Full Name (Last, First, Middle Initial)
 Mailing Address 32444 Legacy Pointe Pkwy
 City Avon Lake State OH Zip Code 44012-2288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Occupation Chief Accounting Officer & Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : 21770972
 Amount of Each Receipt this Period
 250.00

C. Mr J Michael Henderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 34055 Old Kinsman Rd
 City Chagrin Falls State OH Zip Code 44022-6669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Health System Occupation Chief Quality Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : 21770973
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 111
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Ann M. Huston

Mailing Address 32800 Fairmont Blvd

City Pepper Pike	State OH	Zip Code 44124-4838
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Cleveland Clinic Health System	Occupation Chief Strategy Officer
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2014

Transaction ID : 21770974

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. William M Peacock CEC, USN

Mailing Address 27847 Berringer Run

City Westlake	State OH	Zip Code 44145-3061
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Cleveland Clinic Health System	Occupation Chief Operating Officer
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2014

Transaction ID : 21770983

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Mr. Robert Wyllie

Mailing Address 14691 Shire Ct.

City Novelty	State OH	Zip Code 44072-9693
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Cleveland Clinic Health System	Occupation Chief Medical Operations Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2014

Transaction ID : 21770984

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Todd Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 3965 Southern Boulevard

City State Zip Code
Dayton OH 45429-1229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Grandview Medical Center Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 14 / 2014
Transaction ID : 21770985

Amount of Each Receipt this Period
500.00

B. Mr. Walter Sackett
Full Name (Last, First, Middle Initial)

Mailing Address 8510 Broadstone Court

City State Zip Code
Centerville OH 45458-3270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sycamore Medical Center President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 14 / 2014
Transaction ID : 21770986

Amount of Each Receipt this Period
500.00

C. Mr. Russell Wetherell
Full Name (Last, First, Middle Initial)

Mailing Address 3965 Southern Boulevard

City State Zip Code
Dayton OH 45429-1229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kettering Health Network Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 14 / 2014
Transaction ID : 21770987

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Bruce James
Full Name (Last, First, Middle Initial)

Mailing Address 659 Boulevard

City State Zip Code
Dover OH 44622-2026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Union Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 14 / 2014
Transaction ID : 21770990

Amount of Each Receipt this Period
500.00

B. Mr. Matthew L Anderson JD
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W.

City State Zip Code
Saint Paul MN 55114-1052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Minnesota Hospital Association Vice President, Regulatory/Strategic A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.90

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 12 / 2014
Transaction ID : 21771046

Amount of Each Receipt this Period
276.90

C. Ms. Mary B Maertens FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 300 South Bruce Street

City State Zip Code
Marshall MN 56258-3901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Avera Marshall Regional Medical Center President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 12 / 2014
Transaction ID : 21771058

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 901.90

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Lawrence J Massa
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue West, Suite

City Saint Paul State MN Zip Code 55114-1907

FEC ID number of contributing federal political committee. **C**

Name of Employer Minnesota Hospital Association Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 654.17

Date of Receipt
05 / 12 / 2014
Transaction ID : 21771059

Amount of Each Receipt this Period
654.17

B. Mr. Daniel Odegaard
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 258

City Bigfork State MN Zip Code 56628-0258

FEC ID number of contributing federal political committee. **C**

Name of Employer Bigfork Valley Hospital Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 12 / 2014
Transaction ID : 21771062

Amount of Each Receipt this Period
75.00

C. Mr. Ben Peltier
Full Name (Last, First, Middle Initial)

Mailing Address 2550 University Avenue W. Suite 350-S

City Saint Paul State MN Zip Code 55114-1907

FEC ID number of contributing federal political committee. **C**

Name of Employer Minnesota Hospital Association Occupation Vice President, Legal Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.82

Date of Receipt
05 / 12 / 2014
Transaction ID : 21771063

Amount of Each Receipt this Period
230.82

SUBTOTAL of Receipts This Page (optional)..... ▶ 959.99

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Peter W Monge
Full Name (Last, First, Middle Initial)

Mailing Address 4220 Great Oak Road

City Rockville State MD Zip Code 20853-1855

FEC ID number of contributing federal political committee. **C**

Name of Employer MedStar Montgomery Medical Center Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
05 / 16 / 2014
Transaction ID : 21771070

Amount of Each Receipt this Period
255.00

B. Mr. Stephen M. Ahnen
Full Name (Last, First, Middle Initial)

Mailing Address 125 Airport Road

City Concord State NH Zip Code 03301-7300

FEC ID number of contributing federal political committee. **C**

Name of Employer New Hampshire Hospital Association Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
05 / 19 / 2014
Transaction ID : 21771071

Amount of Each Receipt this Period
45.50

C. Mr. David Condoluci
Full Name (Last, First, Middle Initial)

Mailing Address 124 Avon Terrace

City Moorestown State NJ Zip Code 08057-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer Kennedy Health System Occupation CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt
05 / 16 / 2014
Transaction ID : 21771198

Amount of Each Receipt this Period
227.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 528.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John Slotman
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Alexander Road
 City State Zip Code
 Princeton NJ 08540-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New Jersey Hospital Association VP, GME and Teaching Hospital Issues
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 226.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 21771230
 Amount of Each Receipt this Period
 6.50

B. Mr. Edward Sullivan ESQ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2157 Whitman Court
 City State Zip Code
 Cinnaminson NJ 08077-3334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kennedy Health System Senior VP, Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 21771234
 Amount of Each Receipt this Period
 650.00

C. Mr. Steven G Littleson FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Fairhaven Road
 City State Zip Code
 Fair Haven NJ 07704-3305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Meridian Health President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : 21771242
 Amount of Each Receipt this Period
 1300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1956.50
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Patricia Ostaszewski MS, CRRN,
 Mailing Address 54 Bay Way
 City State Zip Code
 Brick NJ 08723-7361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HEALTHSOUTH Rehabilitation Hospital of Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : 21771244
 Amount of Each Receipt this Period
 650.00

Full Name (Last, First, Middle Initial)
B. Mr. Ronald C Rak JD
 Mailing Address 34 Federal City Road
 City State Zip Code
 Ewing NJ 08638-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Saint Peter's University Hospital Chief Executive Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 975.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : 21771245
 Amount of Each Receipt this Period
 975.00

Full Name (Last, First, Middle Initial)
C. Mr. Steven P Roach MBA, FACHE
 Mailing Address 200 Groton Road
 City State Zip Code
 Ayer MA 01432-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UMass Memorial-Marlborough Hospital President and CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 21771254
 Amount of Each Receipt this Period
 562.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 2187.50
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Peter L Slavin MD
Full Name (Last, First, Middle Initial)

Mailing Address 55 Fruit Street

City Boston State MA Zip Code 02114-2622

FEC ID number of contributing federal political committee. **C**

Name of Employer Massachusetts General Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : 21771255

Amount of Each Receipt this Period
 1125.00

B. Mr. Keith A Hovan
Full Name (Last, First, Middle Initial)

Mailing Address 316 Marys Pond Rd

City Rochester State MA Zip Code 02770-4012

FEC ID number of contributing federal political committee. **C**

Name of Employer Southcoast Hospitals Group Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : 21771256

Amount of Each Receipt this Period
 750.00

C. Ms. Joanne Marqusee
Full Name (Last, First, Middle Initial)

Mailing Address 585 Lebanon Street

City Melrose State MA Zip Code 02176-3225

FEC ID number of contributing federal political committee. **C**

Name of Employer Hallmark Health System Occupation Executive Vice President & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014

Transaction ID : 21771257

Amount of Each Receipt this Period
 562.50

SUBTOTAL of Receipts This Page (optional).....▶	2437.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Timothy J Walsh		Date of Receipt MM / DD / YYYY 05 / 16 / 2014
Mailing Address P O Box 1477		Transaction ID : 21771262
City Oak Bluffs	State MA	Zip Code 02557-1477
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 562.50	
Name of Employer Martha's Vineyard Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	

Full Name (Last, First, Middle Initial) B. Mr. Thomas Gheringhelli		Date of Receipt MM / DD / YYYY 05 / 16 / 2014
Mailing Address 125 Parker Hill Avenue		Transaction ID : 21771263
City Roxbury Crossing	State MA	Zip Code 02120-2847
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 262.50	
Name of Employer New England Baptist Hospital	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

Full Name (Last, First, Middle Initial) C. Ms. Karen S Nelson RN, MPA		Date of Receipt MM / DD / YYYY 05 / 16 / 2014
Mailing Address Spaulding Rehabilitation Hospital		Transaction ID : 21771266
City Charlestown	State MA	Zip Code 02129
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 262.50	
Name of Employer Spaulding Rehabilitation Hospital	Occupation Vice President of Quality, Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

SUBTOTAL of Receipts This Page (optional).....▶	1087.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. Edward J Benz Jr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 Binney Street
 City Boston State MA Zip Code 02115-6013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dana-Farber Cancer Institute Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 21771267
 Amount of Each Receipt this Period
 562.50

B. Mr. Kim Norton Hollon
 Full Name (Last, First, Middle Initial)
 Mailing Address 680 Centre Street
 City Brockton State MA Zip Code 02302-3308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Signature Healthcare Brockton Hospital Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 21771272
 Amount of Each Receipt this Period
 562.50

C. Mr. Eric Stastny
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Scott Rd
 City Belmont State MA Zip Code 02478-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerson Hospital Occupation Vice President, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 21771273
 Amount of Each Receipt this Period
 262.50

SUBTOTAL of Receipts This Page (optional).....▶	1387.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Joyce Welsh

Mailing Address 25 Lealand Peck Dr

City Wrentham State MA Zip Code 02093-1441

FEC ID number of contributing federal political committee. **C**

Name of Employer Emerson Hospital Occupation Associate Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 21771274

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
B. Mr. Ron Bryant

Mailing Address 115 West Silver Street

City Westfield State MA Zip Code 01085-3628

FEC ID number of contributing federal political committee. **C**

Name of Employer Noble Hospital Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 21771276

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. Mr. Mark L Goldstein

Mailing Address 25 Highland Avenue

City Newburyport State MA Zip Code 01950-3867

FEC ID number of contributing federal political committee. **C**

Name of Employer Anna Jaques Hospital Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 21771278

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1275.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Cynthia Ring

Mailing Address 60 Hospital Road

City State Zip Code
Leominster MA 01453-2205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Health Alliance Hospitals Vice President Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 21771279

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
B. Mr. Charles Gijanto

Mailing Address 164 High Street

City State Zip Code
Greenfield MA 01301-2613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Baystate Mary Lane Hospital President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 21771283

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
C. Mr Jay Johnson

Mailing Address 1202 North Muskogee Place

City State Zip Code
Claremore OK 74017-3058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hillcrest Hospital Claremore Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : 21771548

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1025.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. James D Moore FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 1201 Health Center Parkway

City Yukon State OK Zip Code 73099-6381

FEC ID number of contributing federal political committee. **C**

Name of Employer Integris Southwest Medical Center Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2014
Transaction ID : 21771550

Amount of Each Receipt this Period 500.00

B. Ms Elizabeth Aderholt
Full Name (Last, First, Middle Initial)

Mailing Address 8077 Hawkcrest Drive

City Grand Blanc State MI Zip Code 48439-2422

FEC ID number of contributing federal political committee. **C**

Name of Employer Genesys Health System Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 05 / 15 / 2014
Transaction ID : 21771556

Amount of Each Receipt this Period 525.00

C. Mr. Mark Brett
Full Name (Last, First, Middle Initial)

Mailing Address 339 Kensington Road

City East Lansing State MI Zip Code 48823-4046

FEC ID number of contributing federal political committee. **C**

Name of Employer Sparrow Hospital Occupation Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 05 / 15 / 2014
Transaction ID : 21771561

Amount of Each Receipt this Period 262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1287.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Edward Bruff		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 Transaction ID : 21771562
Mailing Address 1447 North Harrison Street		Amount of Each Receipt this Period 525.00
City Saginaw	State MI	Zip Code 48602-4727
FEC ID number of contributing federal political committee. C	Name of Employer Covenant Medical Center	Occupation Executive Vice President and Chief Ope
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert F Casalou		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 Transaction ID : 21771564
Mailing Address 26462 Glenwood Dr.		Amount of Each Receipt this Period 700.00
City Novi	State MI	Zip Code 48374-1233
FEC ID number of contributing federal political committee. C	Name of Employer St. Joseph Mercy Livingston Hospital	Occupation President and Chief Executive Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael Geheb MD		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 Transaction ID : 21771576
Mailing Address 645 Lone Pine Rd		Amount of Each Receipt this Period 262.50
City Bloomfield Hills	State MI	Zip Code 48304-3331
FEC ID number of contributing federal political committee. C	Name of Employer Oakwood Hospital & Medical Center-Dear	Occupation Division President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

SUBTOTAL of Receipts This Page (optional).....▶	1487.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mark E Gronda
Full Name (Last, First, Middle Initial)

Mailing Address 1447 North Harrison Street

City State Zip Code
Saginaw MI 48602-4727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Covenant Medical Center Vice President and Chief Financial Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2014

Transaction ID : 21771578

Amount of Each Receipt this Period
350.00

B. Dr. Loren Hamel MD
Full Name (Last, First, Middle Initial)

Mailing Address 1234 Napier Avenue

City State Zip Code
Saint Joseph MI 49085-2112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lakeland Specialty Hospital-Berrien Ce President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2014

Transaction ID : 21771579

Amount of Each Receipt this Period
525.00

C. Mr. John Hayden
Full Name (Last, First, Middle Initial)

Mailing Address 601 John St Box 19

City State Zip Code
Kalamazoo MI 49007-5341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bronson Healthcare Group, Inc. Vice President and Chief Human Resourc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
MM / DD / YYYY
05 / 15 / 2014

Transaction ID : 21771581

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional).....▶	1137.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Dr. John Kosanovich MD
Full Name (Last, First, Middle Initial)
Mailing Address 25 E. Hannum Blvd.
City Saginaw State MI Zip Code 48602-1937
FEC ID number of contributing federal political committee. **C**
Name of Employer Covenant Medical Center Occupation Vice President Covenant Healthcare and
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 15 / 2014
Transaction ID : 21771585
Amount of Each Receipt this Period 350.00

B. Mr. David Leonard
Full Name (Last, First, Middle Initial)
Mailing Address 6383 Redington Drive SE
City Ada State MI Zip Code 49301-9021
FEC ID number of contributing federal political committee. **C**
Name of Employer Spectrum Health Occupation Chief Legal Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 262.50

Date of Receipt 05 / 15 / 2014
Transaction ID : 21771588
Amount of Each Receipt this Period 262.50

C. Mr. Spencer Maidlow
Full Name (Last, First, Middle Initial)
Mailing Address 1447 North Harrison Street
City Saginaw State MI Zip Code 48602-4727
FEC ID number of contributing federal political committee. **C**
Name of Employer Covenant Medical Center Occupation President and Chief Executive Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt 05 / 15 / 2014
Transaction ID : 21771590
Amount of Each Receipt this Period 525.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1137.50
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms Jean Meyer

Mailing Address 18273 Woodbury Court

City Northville State MI Zip Code 48168-8844

FEC ID number of contributing federal political committee. **C**

Name of Employer Providence Park Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 21771596

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Mr. Donald J Rush

Mailing Address 1915 East Rezanof Drive

City Kodiak State AK Zip Code 99615-6602

FEC ID number of contributing federal political committee. **C**

Name of Employer Providence Kodiak Island Medical Cente Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : 21771604

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mr. Bassam Nasr

Mailing Address 1221 Pine Grove Avenue

City Port Huron State MI Zip Code 48060-3511

FEC ID number of contributing federal political committee. **C**

Name of Employer Port Huron Hospital Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 21771607

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Dr. Diane Postler-Slattery PhD

Mailing Address 410 Sherwood Lane

City State Zip Code
Midland MI 48642

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MidMichigan Health President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 21771628

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. Ms. Paula Reichle

Mailing Address 919 Hagadorn Road

City State Zip Code
Mason MI 48854-9336

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sparrow Health System Senior Vice President and Chief Financ

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 21771630

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
C. Ms. Sue Reinoehl

Mailing Address 8804 Weeping Pine Ln

City State Zip Code
Kalamazoo MI 49009-6733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bronson Healthcare Group, Inc. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 21771631

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Joseph Ruth

Mailing Address 6480 Kernwood

City East Lansing State MI Zip Code 48823-9432

FEC ID number of contributing federal political committee. **C**

Name of Employer Sparrow Hospital Occupation Executive Vice President and Chief Ope

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 21771638

Amount of Each Receipt this Period
262.50

Full Name (Last, First, Middle Initial)
B. Mr. Michael L. Schultz

Mailing Address 2784 Dunkirk Dr.

City Saginaw State MI Zip Code 48603-3136

FEC ID number of contributing federal political committee. **C**

Name of Employer Covenant Medical Center Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 21771641

Amount of Each Receipt this Period
245.00

Full Name (Last, First, Middle Initial)
c. Mr. Paul A Spaude FACHE

Mailing Address 1521 Gull Road

City Kalamazoo State MI Zip Code 49048-1640

FEC ID number of contributing federal political committee. **C**

Name of Employer Borgess Medical Center Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 21771642

Amount of Each Receipt this Period
420.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 927.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Carol Stoll

Mailing Address 7630 Laurie Lane N.

City State Zip Code
Saginaw MI 48609-4909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Covenant Medical Center Vice President, Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 21771644

Amount of Each Receipt this Period
245.00

Full Name (Last, First, Middle Initial)
B. Mr. Kenneth L Taft

Mailing Address 301 John Street

City State Zip Code
Kalamazoo MI 49007-5295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bronson Methodist Hospital Executive Vice President and Chief Ope

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 21771653

Amount of Each Receipt this Period
280.00

Full Name (Last, First, Middle Initial)
C. Mr. Tim Wenzel

Mailing Address 555 Northview Drive

City State Zip Code
Frankenmuth MI 48734-9304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Covenant Medical Center Director of Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : 21771669

Amount of Each Receipt this Period
245.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 770.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Mary Lou Wesley
Full Name (Last, First, Middle Initial)

Mailing Address 5301 East Huron River Drive

City Ypsilanti State MI Zip Code 48197-1051

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph Mercy Hospital Ann Arbor Occupation Chief Nursing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt 05 / 15 / 2014
Transaction ID : 21771671

Amount of Each Receipt this Period 262.50

B. Mr. Joseph W Devine
Full Name (Last, First, Middle Initial)

Mailing Address 136 Mimosa Drive

City Sewell State NJ Zip Code 08080-2805

FEC ID number of contributing federal political committee. **C**

Name of Employer Kennedy Health System Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 05 / 02 / 2014
Transaction ID : 21771700

Amount of Each Receipt this Period 1300.00

C. Mr. Leslie D Hirsch FACHE
Full Name (Last, First, Middle Initial)

Mailing Address 28 MacKenzie Lane North

City Denville State NJ Zip Code 07834-2954

FEC ID number of contributing federal political committee. **C**

Name of Employer Saint Clare's Health System Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 292.50

Date of Receipt 05 / 02 / 2014
Transaction ID : 21771705

Amount of Each Receipt this Period 130.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1692.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John Slotman
Full Name (Last, First, Middle Initial)

Mailing Address 760 Alexander Road

City Princeton State NJ Zip Code 08540-6305

FEC ID number of contributing federal political committee. **C**

Name of Employer New Jersey Hospital Association Occupation VP, GME and Teaching Hospital Issues

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **219.70**

Date of Receipt **05 / 02 / 2014**

Transaction ID : 21771718

Amount of Each Receipt this Period **46.80**

B. Dr. Murali Krishna
Full Name (Last, First, Middle Initial)

Mailing Address 3300 NW Expressway

City Oklahoma City State OK Zip Code 73112-4418

FEC ID number of contributing federal political committee. **C**

Name of Employer Integris Baptist Medical Center Occupation President Integris Mental Health

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 02 / 2014**

Transaction ID : 21771723

Amount of Each Receipt this Period **500.00**

C. Ms. Tammy Powell
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 205

City Oklahoma City State OK Zip Code 73101-0205

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Anthony Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 02 / 2014**

Transaction ID : 21771727

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	1046.80
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Jaime Pla
Full Name (Last, First, Middle Initial)

Mailing Address Villa Nevarez Professional Center,
City San Juan State PR Zip Code 00927

FEC ID number of contributing federal political committee. **C**

Name of Employer Puerto Rico Hospital Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2014
Transaction ID : 21771778

Amount of Each Receipt this Period 500.00

B. Mr. Denis S Conroy
Full Name (Last, First, Middle Initial)

Mailing Address 85 Herrick Street
City Beverly State MA Zip Code 01915-4032

FEC ID number of contributing federal political committee. **C**

Name of Employer Beverly Hospital Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 23 / 2014
Transaction ID : 21771992

Amount of Each Receipt this Period 375.00

C. Dr. Eric Dickson MD
Full Name (Last, First, Middle Initial)

Mailing Address 93 Mirick Road
City Princeton State MA Zip Code 01541-1111

FEC ID number of contributing federal political committee. **C**

Name of Employer UMass Memorial Health Care, Inc. Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt 05 / 23 / 2014
Transaction ID : 21771994

Amount of Each Receipt this Period 562.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1437.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Richard Iseke MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2014 Transaction ID : 21772039
Mailing Address 41 Highland Avenue		Amount of Each Receipt this Period 375.00
City Winchester	State MA	Zip Code 01890-1446
FEC ID number of contributing federal political committee. C	Name of Employer Winchester Hospital	Occupation Vice President Medical Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Mrs. Patricia Samra RN, MS		Date of Receipt MM / DD / YYYY 05 / 23 / 2014 Transaction ID : 21772042
Mailing Address 759 Chestnut St		Amount of Each Receipt this Period 262.50
City Springfield	State MA	Zip Code 01199-1001
FEC ID number of contributing federal political committee. C	Name of Employer Baystate Medical Center	Occupation Director, Clinical Workforce Planning
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

Full Name (Last, First, Middle Initial) C. Dr. Peter H Short MD		Date of Receipt MM / DD / YYYY 05 / 23 / 2014 Transaction ID : 21772043
Mailing Address 85 Herrick Street		Amount of Each Receipt this Period 375.00
City Beverly	State MA	Zip Code 01915-4032
FEC ID number of contributing federal political committee. C	Name of Employer Beverly Hospital	Occupation Senior Vice President Medical Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional).....▶	1012.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mrs. Dianne J Anderson MS, RN		Date of Receipt
Mailing Address 1 General Street Mail Stop ST221		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Lawrence	State MA	Zip Code 01841-2961
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 21772050
Name of Employer Lawrence General Hospital		Amount of Each Receipt this Period
Occupation President and Chief Executive Officer		<input type="text" value="750.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="750.00"/>		

Full Name (Last, First, Middle Initial) B. Mr. Francis M Saba		Date of Receipt
Mailing Address 14 Prospect Street		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Milford	State MA	Zip Code 01757-3090
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 21772052
Name of Employer Milford Regional Medical Center		Amount of Each Receipt this Period
Occupation Chief Executive Officer		<input type="text" value="562.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="562.50"/>		

Full Name (Last, First, Middle Initial) C. Ms. Kathleen Paul		Date of Receipt
Mailing Address P O Box 900		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City Seattle	State WA	Zip Code 98111-0900
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 21772435
Name of Employer Virginia Mason Medical Center		Amount of Each Receipt this Period
Occupation Vice President Communications and Publ		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1562.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. Raymond P Vara Jr		Date of Receipt MM / DD / YYYY 05 / 27 / 2014 Transaction ID : 21772436
Mailing Address 55 Merchant Street		Amount of Each Receipt this Period 500.00
City Honolulu	State HI	Zip Code 96813-4306
FEC ID number of contributing federal political committee. C		
Name of Employer Hawaii Pacific Health	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mr. Paul B. Lerg		Date of Receipt MM / DD / YYYY 05 / 29 / 2014 Transaction ID : 21772437
Mailing Address P. O. Box 332 350 Red Tailed Hawk		Amount of Each Receipt this Period 350.00
City Grayling	State MI	Zip Code 49738-0332
FEC ID number of contributing federal political committee. C		
Name of Employer Mercy Hospital Grayling	Occupation Trustee	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Mr. David R Hewett		Date of Receipt MM / DD / YYYY 05 / 29 / 2014 Transaction ID : 21772441
Mailing Address 3708 West Brooks Place, Suite 1		Amount of Each Receipt this Period 500.00
City Sioux Falls	State SD	Zip Code 57106-4207
FEC ID number of contributing federal political committee. C		
Name of Employer South Dakota Association of Healthcare	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Vickie L Diamond RN, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1233 East Second Street
 City Casper State WY Zip Code 82601-2926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wyoming Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : 21772444
 Amount of Each Receipt this Period
 500.00

B. Mr. Douglas A McMillan
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 Sheridan Avenue
 City Cody State WY Zip Code 82414-3409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Park Hospital Occupation Administrator and Chief Executive Offi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : 21772445
 Amount of Each Receipt this Period
 250.00

C. Mr. Mitchell C Carson
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 1659
 City Longmont State CO Zip Code 80502-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Longmont United Hospital Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : 21772449
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Kenneth Harman
Full Name (Last, First, Middle Initial)

Mailing Address 345 Cleveland Street

City Meeker State CO Zip Code 81641-3238

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pioneers Medical Center
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 27 / 2014
Transaction ID : 21772450

Amount of Each Receipt this Period
500.00

B. Mr. Michael J McBride FACHE
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1628

City Grand Junction State CO Zip Code 81502-1628

FEC ID number of contributing federal political committee. **C**

Name of Employer: St. Mary's Hospital and Regional Medic
Occupation: President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 27 / 2014
Transaction ID : 21772451

Amount of Each Receipt this Period
500.00

C. Mr. Christopher Tolen
Full Name (Last, First, Middle Initial)

Mailing Address 7335 East Orchard Road

City Greenwood Village State CO Zip Code 80111-2582

FEC ID number of contributing federal political committee. **C**

Name of Employer: Colorado Hospital Association
Occupation: Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 27 / 2014
Transaction ID : 21772452

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Bain J Farris

Mailing Address 1835 Franklin Street

City State Zip Code
Denver CO 80218-1126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Exempla Saint Joseph Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2014
Transaction ID : 21772455

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mr. Ronnie Hyatt

Mailing Address One St Francis Drive

City State Zip Code
Greenville SC 29601-3207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bon Secours St. Francis Health System Senior Vice President Finance and Chie

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : 21772464

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Ms. Liz Keith

Mailing Address 2 Deer Spring Lane

City State Zip Code
Simpsonville SC 29680-6516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bon Secours St. Francis Health System Senior Vice President-Mission

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : 21772465

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mark S Nantz FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address One St Francis Drive
 City Greenville State SC Zip Code 29601-3999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours St. Francis Health System Occupation Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : 21772466
 Amount of Each Receipt this Period
 500.00

B. Ms. Johnna S. Reed
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Baneberry Court
 City Simpsonville State SC Zip Code 29680-7337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bon Secours St. Francis Health System Occupation SVP, Strategic Initiatives
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : 21772467
 Amount of Each Receipt this Period
 250.00

C. Mr. Philip A Clayton
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 829
 City Conway State SC Zip Code 29528-0829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Conway Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014
Transaction ID : 21772477
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Mr. John Sullivan		Date of Receipt
Mailing Address 1772 Bellamy Circle		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City State Zip Code Albemarle NC 28001-9511		Transaction ID : 21772479
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Roper Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Martha Nathanson		Date of Receipt
Mailing Address 6230 Woodcrest Avenue		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City State Zip Code Baltimore MD 21209-3935		Transaction ID : 21796680
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="255.00"/>
Name of Employer LifeBridge Health	Occupation Vice President Government and Communit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	

Full Name (Last, First, Middle Initial) C. Ms. Sally L Berglin		Date of Receipt
Mailing Address P O Box 209		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City State Zip Code Paw Paw MI 49079-0209		Transaction ID : 21796765
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="262.50"/>
Name of Employer Bronson LakeView Hospital	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="262.50"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1017.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. David Bussler

Mailing Address 240 Second Street

City State Zip Code
Stanton MI 48888-9326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sheridan Community Hospital Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
227.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : 21796766

Amount of Each Receipt this Period
227.50

Full Name (Last, First, Middle Initial)
B. Mr. Garry C Faja

Mailing Address 400 West Russell Street

City State Zip Code
Saline MI 48176-1183

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Joseph Mercy Saline Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : 21796773

Amount of Each Receipt this Period
700.00

Full Name (Last, First, Middle Initial)
C. Ms. Sheryl Lewis Blake FACHE

Mailing Address PO Box 385

City State Zip Code
Hastings MI 49058-0385

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pennock Hospital Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : 21796779

Amount of Each Receipt this Period
262.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1190.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. James McKernan

Mailing Address 601 John Street

City Kalamazoo State MI Zip Code 49007-5341

FEC ID number of contributing federal political committee. **C**

Name of Employer Bronson Methodist Hospital Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : 21796781

Amount of Each Receipt this Period
 262.50

Full Name (Last, First, Middle Initial)
B. Ms. Francine M Padgett

Mailing Address 4005 Orchard Drive

City Midland State MI Zip Code 48670-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer MidMichigan Health Occupation Senior Vice President and Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : 21796787

Amount of Each Receipt this Period
 262.50

Full Name (Last, First, Middle Initial)
C. Ms. Barbara Rossmann RN

Mailing Address 15855 19 Mile Road

City Clinton Township State MI Zip Code 48038-3504

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Macomb Hospitals Occupation President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : 21796804

Amount of Each Receipt this Period
 525.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 111
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Dr. Peter H Short MD

Mailing Address 85 Herrick Street

City State Zip Code
Beverly MA 01915-4032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Beverly Hospital Senior Vice President Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.50

Date of Receipt
05 / 30 / 2014
Transaction ID : 21801574

Amount of Each Receipt this Period
187.50

Full Name (Last, First, Middle Initial)
B. Mr. Peter J Healy

Mailing Address 1 Boston Medical Center Place

City State Zip Code
Boston MA 02118-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Beth Israel Deaconess Hospital-Milton Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.50

Date of Receipt
05 / 30 / 2014
Transaction ID : 21801576

Amount of Each Receipt this Period
562.50

Full Name (Last, First, Middle Initial)
c. Ms. Delia O'Connor FACHE

Mailing Address 25 Highland Avenue

City State Zip Code
Newburyport MA 01950-3867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Anna Jaques Hospital President and Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.50

Date of Receipt
05 / 30 / 2014
Transaction ID : 21801579

Amount of Each Receipt this Period
562.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1312.50

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Mark R Tolosky JD, FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Chestnut Street
 City Springfield State MA Zip Code 01199-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baystate Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 21801580
 Amount of Each Receipt this Period
 750.00

B. Mr. Daniel Keenan
 Full Name (Last, First, Middle Initial)
 Mailing Address 271 Carew St.
 City Springfield State MA Zip Code 01104-2377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Medical Center Occupation Senior Vice President Government Relat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 21801585
 Amount of Each Receipt this Period
 262.50

C. Mr. Daniel P Moen
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Sandalwood Drive
 City Wilbraham State MA Zip Code 01095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Medical Center Occupation President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 21801586
 Amount of Each Receipt this Period
 562.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1575.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. James Horton
Full Name (Last, First, Middle Initial)

Mailing Address 346 Furrow Rd

City Hastings State MI Zip Code 49058-8963

FEC ID number of contributing federal political committee. **C**

Name of Employer Pennock Hospital Occupation Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **05 / 01 / 2014**

Transaction ID : 21820876

Amount of Each Receipt this Period **350.00**

B. Ms. Melinda Reid Hatton
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Vice President & General Course

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR1045726230914

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. David Schulke
Full Name (Last, First, Middle Initial)

Mailing Address 155 N. Wacker Dr.

City Chicago State IL Zip Code 60606-1709

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation VP Research Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR1057462130914

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **580.82**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Dale A Kirby

Mailing Address P O Box 331

City State Zip Code
Colusa CA 95932-0331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Hospital Association-Chicago Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1125892330914

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Mr. Jack A. Mackay

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Hospital Association-Chicago Vice President & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1347703630914

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Mr. Mark Colucci

Mailing Address 1061 N Penny Ln

City State Zip Code
Palatine IL 60067-1821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Hospital Association-Chicago National Director Sponsorship and Unde

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR1475133730914

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.85

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Erik Rasmussen
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR1819487930914

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Shari Dexter
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, Political Action

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR1878189830914

Amount of Each Receipt this Period **57.72**

P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Evelyn Knolle
Full Name (Last, First, Middle Initial)

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2802

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director, Policy -TR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR1913190730914

Amount of Each Receipt this Period **57.72**

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.85
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Janet Henderson
Full Name (Last, First, Middle Initial)
Mailing Address 155 North Wacker Drive
City Chicago State IL Zip Code 60606-1709
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Chicago Occupation Director, Member Relations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.64

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1937843130914
Amount of Each Receipt this Period 57.72
P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Diane Jones
Full Name (Last, First, Middle Initial)
Mailing Address 325 Seventh Street, NW Suite 700
City Washington State DC Zip Code 20004-2801
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Washingt Occupation Sr Assoc Dir Policy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.64

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1943461530914
Amount of Each Receipt this Period 57.72
P/R Deduction (\$19.24 Bi-Weekly)

C. Mr. Jeff Goldman
Full Name (Last, First, Middle Initial)
Mailing Address 325 Seventh Street, NW Suite 700
City Washington State DC Zip Code 20004-2801
FEC ID number of contributing federal political committee. **C**
Name of Employer American Hospital Association-Washingt Occupation Vice President of Coverage
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.64

Date of Receipt 05 / 31 / 2014
Transaction ID : PR1978358630914
Amount of Each Receipt this Period 57.72
P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 173.16
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 111
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Linda Fishman		Date of Receipt MM / DD / YYYY 05 / 31 / 2014
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID : PR327629130914
City Washington	State DC	Zip Code 20004-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.41
Name of Employer American Hospital Association-Washingt	Occupation Senior Vice President, Public Policy	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17	

Full Name (Last, First, Middle Initial) B. Mr. Michael P. McCue		Date of Receipt MM / DD / YYYY 05 / 31 / 2014
Mailing Address 122 N. Greenwood Avenue		Transaction ID : PR327771630914
City Park Ridge	State IL	Zip Code 60068-3227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.41
Name of Employer American Hospital Association-Chicago	Occupation Associate Director	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17	

Full Name (Last, First, Middle Initial) C. Ms. Suzanne R. Sonik		Date of Receipt MM / DD / YYYY 05 / 31 / 2014
Mailing Address One North Franklin		Transaction ID : PR32777230914
City Chicago	State IL	Zip Code 60606-3436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.72
Name of Employer American Hospital Association-Chicago	Occupation Director, Long-Term Care	P/R Deduction (\$19.24 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

SUBTOTAL of Receipts This Page (optional).....▶	288.54
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Debra J. Stock
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 S. Harvey Avenue
 City State Zip Code
 Oak Park IL 60304-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Vice President, Member Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR32777830914
 Amount of Each Receipt this Period
 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Neil Jesuele
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N Wacker Dr
 City State Zip Code
 Chicago IL 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Washingt Executive Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR327801730914
 Amount of Each Receipt this Period
 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Pamela Austin Thompson RN, MSN
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City State Zip Code
 Washington DC 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Washingt Chief Executive Officer, AONE & Sr. Vi
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR327812030914
 Amount of Each Receipt this Period
 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	288.54
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Joan H. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 6034 North 22nd Street
 City Arlington State VA Zip Code 22205-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 05 / 31 / 2014
Transaction ID : PR327831730914
 Amount of Each Receipt this Period 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Ellen A. Pryga
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 Calvert Street, NW Apt. 1008
 City Washington State DC Zip Code 20008-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 05 / 31 / 2014
Transaction ID : PR327851930914
 Amount of Each Receipt this Period 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

C. Mr. Mark Seklecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 31 / 2014
Transaction ID : PR327858030914
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.85
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. John F. Barry
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City Millis State MA Zip Code 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR327877830914
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. George F. Bergstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 North Garland Court #3002
 City Chicago State IL Zip Code 60602-4750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR327895730914
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

C. Mr. Thomas J. Bonner FACHE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 679010
 City Austin State TX Zip Code 78767-9010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR327983730914
 Amount of Each Receipt this Period **150.00**
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	380.82
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation President and Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2014**
Transaction ID : **PR328132830914**

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Ms. Barbara Lorsbach

Mailing Address 204 7th Ave

City La Grange State IL Zip Code 60525-6406

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Sr. Vice President, Member Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2014**
Transaction ID : **PR328136930914**

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City Chicago State IL Zip Code 60640-1318

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2014**
Transaction ID : **PR328223830914**

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **346.23**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Ron O. Purcell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1093 N. Faldo Way
 City Eagle State ID Zip Code 83616-5369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR328241430914
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Richard J. Pollack
 Full Name (Last, First, Middle Initial)
 Mailing Address 3475 North Venice Street
 City Arlington State VA Zip Code 22207-4446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Executive Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR328260930914
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

C. Ms. Carolyn Forcina
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Clover Hill Court
 City Yardley State PA Zip Code 19067-5736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Chicago Occupation Regional Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR328511830914
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	346.23
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Alicia N. Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 N. Harrison Street
 City State Zip Code
 Arlington VA 22205-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Washingt Senior Vice President, Communications
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR328512030914
 Amount of Each Receipt this Period
 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. George Arges
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin St.
 City State Zip Code
 Chicago IL 60606-4425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Senior Director, Health Data Managemen
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR328641130914
 Amount of Each Receipt this Period
 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

C. Mr. Anthony S Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 N Wacker Dr
 City State Zip Code
 Chicago IL 60606-1709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR328913330914
 Amount of Each Receipt this Period
 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	288.54
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606-4425

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation SPSA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR329013430914

Amount of Each Receipt this Period
57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. Dr. John R. Combes

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation President & Chief Operating Officer, C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR329071330914

Amount of Each Receipt this Period
115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. Ms. Robyn L. Bash

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Executive Director, Federal Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014

Transaction ID : PR329084430914

Amount of Each Receipt this Period
116.52

P/R Deduction (\$48.64 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **289.65**

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. W. Thomas Deweese
Full Name (Last, First, Middle Initial)

Mailing Address 500 Interstate Boulevard South

City Nashville State TN Zip Code 37210-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation AHA Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR329215730914

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Patricia Meersman
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Senior Director Member Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR330343330914

Amount of Each Receipt this Period **57.72**

P/R Deduction (\$19.24 Bi-Weekly)

C. Mr. Thomas Misfeldt
Full Name (Last, First, Middle Initial)

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR330411630914

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	288.54
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Paul N. Muraca
 Full Name (Last, First, Middle Initial)
 Mailing Address 4960 138th Circle West
 City State Zip Code
 Apple Valley MN 55124-9229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Regional Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR330475430914
 Amount of Each Receipt this Period
 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Mr. Gene O'Dell
 Full Name (Last, First, Middle Initial)
 Mailing Address One North Franklin
 City State Zip Code
 Chicago IL 60606-3436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Vice President, Strategic Planning
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR330547730914
 Amount of Each Receipt this Period
 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Eileen O'Keefe
 Full Name (Last, First, Middle Initial)
 Mailing Address 172 Atteridge
 City State Zip Code
 Lake Forest IL 60045-1715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Hospital Association-Chicago Vice President, Constituency Section
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : PR330549230914
 Amount of Each Receipt this Period
 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.54
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Mr. Anthony Spohn
Full Name (Last, First, Middle Initial)

Mailing Address 3219 N. Oriole

City Chicago State IL Zip Code 60634-3232

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago Occupation Executive Director, Associate Members

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR331098330914

Amount of Each Receipt this Period **57.72**

P/R Deduction (\$19.24 Bi-Weekly)

B. Ms. Debi H. Tucker Esq.
Full Name (Last, First, Middle Initial)

Mailing Address 1101 N. Kentucky Street

City Arlington State VA Zip Code 22205-3515

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Director, State Issues Forum

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR331278830914

Amount of Each Receipt this Period **57.72**

P/R Deduction (\$19.24 Bi-Weekly)

C. Ms. Darlene S. Vanderbush
Full Name (Last, First, Middle Initial)

Mailing Address 26 West Glendale Ave.

City Alexandria State VA Zip Code 22301-2402

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President, Operations - APP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **423.17**

Date of Receipt **05 / 31 / 2014**

Transaction ID : PR331304230914

Amount of Each Receipt this Period **115.41**

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **230.85**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Megan Cundari
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **423.17**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR518031930914
 Amount of Each Receipt this Period **115.41**
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Laura M. Werner
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Political Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **211.64**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR560101530914
 Amount of Each Receipt this Period **57.72**
 P/R Deduction (\$19.24 Bi-Weekly)

C. Mr. Carlos Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW
 City Washington State DC Zip Code 20004-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Associate Director, Federal Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **211.64**

Date of Receipt **05 / 31 / 2014**
Transaction ID : PR566280930914
 Amount of Each Receipt this Period **57.72**
 P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.85
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

A. Ms. Ashley B. Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 606 S. Royal St.
 City Alexandria State VA Zip Code 22314-4142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Director, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 31 / 2014
Transaction ID : PR766023730914
 Amount of Each Receipt this Period 115.41
 P/R Deduction (\$38.47 Bi-Weekly)

B. Ms. Lisa Kidder Hrobsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Seventh Street, NW Suite 700
 City Washington State DC Zip Code 20004-2818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Hospital Association-Washingt Occupation Vice President, Legislative Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 05 / 31 / 2014
Transaction ID : PR876637230914
 Amount of Each Receipt this Period 57.72
 P/R Deduction (\$19.24 Bi-Weekly)

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	173.13
TOTAL This Period (last page this line number only).....▶	104729.88

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 111
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. TD Bank

Mailing Address 901 Seventh Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1296.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : 21802830

Amount of Each Receipt this Period
234.22

Interest Earned

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	234.22
TOTAL This Period (last page this line number only).....▶	234.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 21802832

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 21802833

Amount of Each Disbursement this Period

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Paymentech

Mailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 21802834

Amount of Each Disbursement this Period

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Manchin For West Virginia

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement
2018 Contribution

011

Candidate Name

Sen. Joe Manchin III

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : 21764726

Amount of Each Disbursement this Period

1000.00

2018 Contribution

Full Name (Last, First, Middle Initial)

B. Schatz For Senate

Mailing Address PO Box 3828

City Honolulu State HI Zip Code 96812

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Brian E. Schatz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : 21764727

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jeanne Shaheen

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Jeanne Shaheen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : 21764728

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Jeanne Shaheen

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement
Contribution

Candidate Name
Sen. Jeanne Shaheen

Office Sought: House
 Senate
 President
State: NH District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 21764729

Amount of Each Disbursement this Period
500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Susan Brooks

Mailing Address 9425 N Meridian Street
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement
Contribution

Candidate Name
Rep. Susan Brooks

Office Sought: House
 Senate
 President
State: IN District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 21764730

Amount of Each Disbursement this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Engel For Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
Contribution

Candidate Name
Rep. Eliot L. Engel

Office Sought: House
 Senate
 President
State: NY District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 21764731

Amount of Each Disbursement this Period
2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Robin Kelly For Congress

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Robin Kelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : 21764732

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. William J. Pascrell Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : 21764733

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. David Scott For Congress

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. David Albert Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : 21764734

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Simpson For Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement Contribution

011

Candidate Name
Rep. Mike K. Simpson

Category/Type

Office Sought: House Senate President
State: ID District: 02

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2014

Transaction ID : 21764735

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement Contribution

011

Candidate Name
Rep. Greg P. Walden

Category/Type

Office Sought: House Senate President
State: OR District: 02

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 21764739

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement Contribution

011

Candidate Name
Rep. Greg P. Walden

Category/Type

Office Sought: House Senate President
State: OR District: 02

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 21764740

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. PAC to the Future

Mailing Address 700 13th Street N.W.
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

011

Candidate Name

PAC to the Future

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 21764741

Amount of Each Disbursement this Period

4000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Mailing Address 499 South Capitol Street, SW
Suite 408

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Pioneer PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 21764742

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 21764743

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Lynn Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 21764744

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Markey Committee; The

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Edward Markey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 21764745

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard Hanna For Congress Committee

Mailing Address PO Box 118

City Utica State NY Zip Code 13503

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Richard Hanna

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 22

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : 21764746

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Steve Israel For Congress Committee

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steve J. Israel

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 21764747

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2014 Contribution

Candidate Name

National Republican Senatorial Committee

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 21772328

Amount of Each Disbursement this Period

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Charles Boustany, Jr., MD For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contribution

Candidate Name

Rep. Charles W. Boustany Jr.

Office Sought: House
 Senate
 President
State: LA District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 21772331

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Luke Messer For Congress

Mailing Address P.O. Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Luke Messer

Category/
Type

Office Sought: House
 Senate
 President
State: IN District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772335

Amount of Each Disbursement this Period

3500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nadler For Congress

Mailing Address Village Station, PO Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jerrold L. Nadler

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772339

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tom Rice For Congress

Mailing Address 1107 48th Ave., N.
Suite 310-A

City Myrtle Beach State SC Zip Code 29577

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tom Rice

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772342

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Schock For Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Aaron Jon Schock

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772344

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. AXPAC

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement
2014 Contribution

011

Candidate Name

AXPAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772346

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Hoosiers First PAC

Mailing Address 215 South St. Joseph Street
Suite 600

City South Bend State IN Zip Code 46601

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Hoosiers First PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772348

Amount of Each Disbursement this Period

1000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pioneer PAC

Mailing Address 499 South Capitol Street, SW
Suite 408

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

011
Category/
Type

Candidate Name
Pioneer PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772349

Amount of Each Disbursement this Period
1500.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. ROYB - Rely on Your Beliefs Fund

Mailing Address 1300 Pennsylvania Avenue, NW
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
2014 Contribution

011
Category/
Type

Candidate Name
ROYB - Rely on Your Beliefs Fund

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772350

Amount of Each Disbursement this Period
1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Bera For Congress

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Rep. Ami Bera MD

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772352

Amount of Each Disbursement this Period
4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bera For Congress

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ami Bera MD

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772353

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mark Desaulnier For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contribution

011

Candidate Name

Mark Desaulnier

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772357

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Majority Committee PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Majority Committee PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772359

Amount of Each Disbursement this Period

1000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Rodney For Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement
Contribution

Candidate Name

Rep. Rodney Davis

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772361

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Debbie Dingell for Congress

Mailing Address PO Box 746

City Dearborn State MI Zip Code 48121

Purpose of Disbursement
Contribution

Candidate Name

Debbie Dingell

Office Sought: House
 Senate
 President
State: MI District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772362

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Alma Adams For Congress

Mailing Address PO Box 20622

City Greensboro State NC Zip Code 27420

Purpose of Disbursement
Contribution

Candidate Name

Ms. Alma Adams

Office Sought: House
 Senate
 President
State: NC District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772413

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Berger for Congress

Mailing Address PO BOX 3117

City Eden State NC Zip Code

Purpose of Disbursement
Contribution

Candidate Name

Phil Edward Berger Jr

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Runoff2014**

State: NC District: 06

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772415

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. George Holding For Congress Inc.

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Contribution

Candidate Name

Rep. George E.B. Holding

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Runoff2014**

State: NC District: 13

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772416

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. David Rouzer For Congress

Mailing Address PO Box 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement
Contribution

Candidate Name

David Rouzer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Runoff2014**

State: NC District: 07

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Transaction ID : 21772418

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution

Candidate Name

Rep. Pat J. Tiberi

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 21772420

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Team Graham

Mailing Address PO Box 1801

City Columbia State SC Zip Code 29202

Purpose of Disbursement
Contribution

Candidate Name

Sen. Lindsey O. Graham

Office Sought: House
 Senate
 President
State: SC District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 21772422

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement
Contribution

Candidate Name

Rep. Bob W. Goodlatte

Office Sought: House
 Senate
 President
State: VA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 21772424

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kuster For Congress, Inc.

Mailing Address P.O. Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ann McLane Kuster

Category/
Type

Office Sought: House
 Senate
 President
State: NH District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 21772429

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Donald Norcross For Congress

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Donald Norcross

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 21772432

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Garamendi For Congress

Mailing Address 1050 17th St Nw Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. John Garamendi

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2014

Transaction ID : 21772433

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Julia Brownley For Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Julia Brownley

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 21772519

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Frank Pallone Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 21772520

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Collins For Congress

Mailing Address PO Box 386

City Clarence State NY Zip Code 14031

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Christopher Collins

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 21772522

Amount of Each Disbursement this Period

2600.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5600.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Paul Tonko For Congress

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul David Tonko

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 21772524

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Paul Tonko For Congress

Mailing Address 911 Central Avenue
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul David Tonko

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : 21772525

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

TOTAL This Period (last page this line number only)..... ▶

83300.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Hospital Association PAC	FEC IDENTIFICATION NUMBER ▼ C C00106146
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mentzer Media Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2014	
Mailing Address 600 Fairmount Avenue Suite 306		Amount 200000.00	
City Towson	State MD	Zip Code 21286	Transaction ID : 21768576
Purpose of Expenditure Television Advertising	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014	
Name of Federal Candidate Sen. Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		200000.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		District: _____	State: MS

Full Name of Payee McCarthy Hennings Whalen, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2014	
Mailing Address 1850 M Street, NW Suite 235		Amount 11746.74	
City Washington	State DC	Zip Code 20036	Transaction ID : 21768574
Purpose of Expenditure Television Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2014	
Name of Federal Candidate Sen. Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		211746.74	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		District: _____	State: MS

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	211746.74
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	211746.74

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

Signature _____ [Electronically Filed] Date MM / DD / YYYY
06 / 20 / 2014